

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						FILING DATE	
APPLICANT(S)							
CLAIMS							
CLAIM NO.	AS FILED		AFTER MASSACHUSETTS		AFTER MASSACHUSETTS		O.F.P.
	REG. NO.	O.C.P.	REG. NO.	O.C.P.	REG. NO.	O.C.P.	
1	1						61
2							62
3							63
4							64
5							65
6							66
7							67
8							68
9	1						69
10							70
11							71
12							72
13	1						73
14							74
15							75
16							76
17	1						77
18							78
19							79
20							80
21	1						81
22							82
23							83
24							84
25							85
26							86
27							87
28							88
29							89
30							90
31							91
32							92
33							93
34							94
35							95
36							96
37							97
38							98
39							99
40							100
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL	REG. NO.	5	O.C.P.	1	O.C.P.	1	O.F.P.
TOTAL	O.C.P.	20	O.C.P.	1	O.C.P.	1	O.F.P.
TOTAL	REG. NO.	25	O.C.P.	1	O.C.P.	1	O.F.P.

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